

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ENGINEERS JOINT WELFARE FUND
[15-0582931]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel P. Harrigan, Administrator
Engineers Joint Welfare Fund
101 Intrepid Lane
P.O. Box 100 Colvin Station
Syracuse, New York 13205
Telephone: (315) 492-1796

EXHIBIT B

RESOLUTION

WHEREAS, the Engineers Joint Welfare Fund is an independent functioning Taft-Hartley ERISA Welfare Fund; and

WHEREAS, the Engineers Joint Welfare Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

WHEREAS, the Engineers Joint Welfare Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Engineers Joint Welfare Fund hereby authorize Daniel P. Harrigan, Fund Administrator of the Engineers Joint Welfare Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ENGINEERS JOINT WELFARE FUND

Dated: 2-20-09

By: Thomas E. Charles
Thomas E. Charles, Union Trustee

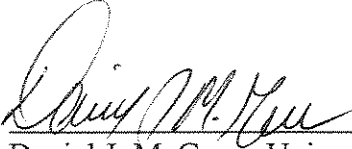
Dated: 2-20-09

By: Theron H. Hogle
Theron H. Hogle, Union Trustee

Dated: 2/20/2009

By: Paul B. McCollum
Paul B. McCollum, Union Trustee

Dated: 2/20/09

By: 
Daniel J. McGraw, Union Trustee

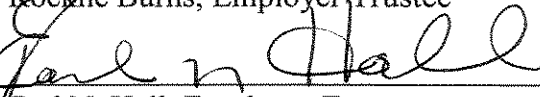
Dated: 2/20/09

By: 
Robert Jones, Union Trustee

Dated: 2/20/09

By: 
Rockne Burns, Employer Trustee

Dated: 2-20-09

By: 
Earl N. Hall, Employer Trustee

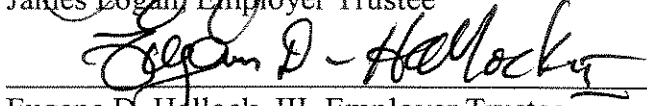
Dated: 2-20-09

By: 
Robert Hill, Employer Trustee

Dated: 2/20/09

By: 
James Logan, Employer Trustee

Dated: 2/20/09

By: 
Eugene D. Hallock, III, Employer Trustee

klc/madoff/EJwFSIPCRresolution2

RESOLUTION

WHEREAS, the Engineers Joint Welfare Fund is an independent functioning Taft-Hartley ERISA Welfare Fund; and

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For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ENGINEERS JOINT WELFARE FUND

Dated: 2-20-09

By: Thomas E. Charles
Thomas E. Charles, Union Trustee

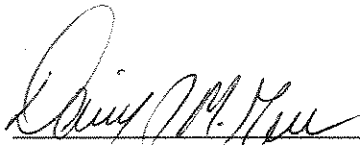
Dated: 2-20-09

By: Theron H. Hogle
Theron H. Hogle, Union Trustee

Dated: 2/20/2009

By: Paul B. McCollum
Paul B. McCollum, Union Trustee

Dated: 2/20/09

By: 
Daniel J. McGraw, Union Trustee

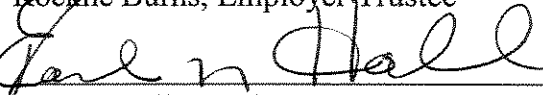
Dated: 2/20/09

By: 
Robert Jones, Union Trustee

Dated: 2/20/09

By: 
Rockne Burns, Employer Trustee


Dated: 2-20-09

By: 
Earl M. Hall, Employer Trustee

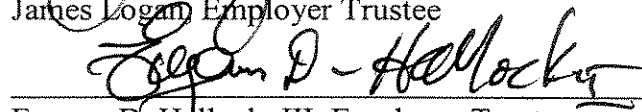
Dated: 2-20-09

By: 
Robert Hill, Employer Trustee

Dated: 2/20/09

By: 
James Logan, Employer Trustee

Dated: 2/20/09

By: 
Eugene D. Hallock, III, Employer Trustee

klc/madoff/EJwFSIPCResolution2

ENGINEERS JOINT WELFARE FUND
EIN NO. 15-0582931

UNION TRUSTEES

Thomas E. Charles
c/o IUOE Local 832
P.O. Box 93310
Rochester, New York 14692
Telephone: (585) 272-9890

Theron Hogle
c/o IUOE Local 545
127 East Glen Avenue
Syracuse, New York 13205
Telephone: (315) 492-1752

Paul D. McCollum
c/o IUOE Local 463
3365 Ridge Road
Ransomville, New York 14131
Telephone: (716) 434-3327

Robert J. Jones
c/o IUOE Local 106
44 Hannay Lane
Glenmont, New York 12077
Telephone: (518) 431-0600

EMPLOYER TRUSTEES

Rockne Burns, Chairman
33247 New York Route 12E
Cape Vincent, New York 13618
Telephone: (315) 654-2373

Earl N. Hall
c/o Construction Employers
Association of Central New York, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-4050

James Logan
c/o Construction Industry
Employers Association
625 Ensminger Road
Tonawanda, New York 14150-6646
Telephone: (716) 875-4744

Eugene D. Hallock, III
c/o Hudson River Construction Co. Inc.
Port of Albany
Albany, New York 12202
Telephone: (518) 434-6677

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

ER 11, 2008

Engineers Joint Training Fund
101 Intrepid Lane, P.O. Box 100
Syracuse, NY 13205
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-0954711

Provide your office and home telephone no.

OFFICE: (315) 492-1796

HOME: (315) 347-8534

Taxpayer I.D. Number (Social Security No.)
16-0954711

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 3.10
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-

- d. If balance is zero, insert "None."

None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	<u>\$679,702.40</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

APR 07 2009 12:44

From: 3154926618

3154926618

Page: 11/13

Date: 4/7/2009 12:04:21 PM

FROM ENGINEERS JOINT BENEFIT FUND

315 492 0010

1-201 P.011/013

P-333

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.

X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date FEBRUARY 24, 2009Signature Danuel P. Harazin

Date _____

Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

RESOLUTION

WHEREAS, the Engineers Joint Training Fund is an independent functioning Taft-Hartley ERISA Training Fund; and

WHEREAS, the Engineers Joint Training Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC; and

WHEREAS, the Engineers Joint Training Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Engineers Joint Training Fund hereby authorize Daniel P. Harrigan, Fund Administrator of the Engineers Joint Training Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

ENGINEERS JOINT TRAINING FUND

Dated: 2-20-09

By: Thomas E. Charles
Thomas E. Charles, Union Trustee

Dated: 2-20-09

By: Thereon H. Hogle
Thereon Hogle, Union Trustee

Dated: 2/20/2009

By: Paul B. McCollum
Paul B. McCollum, Union Trustee

Dated: 02-20-09

By: Lynne-Marie Perli
Lynne-Marie Perli, Union Trustee

Dated: 2-20-09

By: Todd C. Curran
Todd C. Curran, Employer Trustee

Dated: 2/20/09

By: Eugene D. Hallock, III
Eugene D. Hallock, III, Employer Trustee

Dated: 2-20-09

By: Robert Hill
Robert Hill, Employer Trustee

Dated: 2/20/09

By: James Logan
James Logan, Employer Trustee

klc/madoff/EJTFResolution

RESOLUTION

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ENGINEERS JOINT TRAINING FUND

Dated: 2-20-09

By: Thomas E. Charles
Thomas E. Charles, Union Trustee

Dated: 2-20-09

By: Thereon H. Hogle
Thereon Hogle, Union Trustee

Dated: 2/20/2009

By: Paul B. McCollum
Paul B. McCollum, Union Trustee

Dated: 02-20-09

By: Lynne-Marie Perli
Lynne-Marie Perli, Union Trustee

Dated: 2-20-09

By: Todd C. Curran
Todd C. Curran, Employer Trustee

Dated: 2/20/09

By: Eugene D. Hallock, III
Eugene D. Hallock, III, Employer Trustee

Dated: 2-20-09

By: Robert Hill
Robert Hill, Employer Trustee

Dated: 2/20/09

By: James Logan
James Logan, Employer Trustee

klc/madoff/EJTFResolution

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
ENGINEERS JOINT TRAINING FUND
[15-0614642]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Daniel P. Harrigan, Administrator
Engineers Joint Training Fund
101 Intrepid Lane
P.O. Box 100 Colvin Station
Syracuse, New York 13205
Telephone: (315) 492-1796

EXHIBIT B

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ENGINEERS JOINT TRAINING FUNDDated: 2-20-09By: Thomas E. Charles
Thomas E. Charles, Union TrusteeDated: 2-20-09By: Thereon Hogle
Thereon Hogle, Union TrusteeDated: 2/20/2009By: Paul B. McCollum
Paul B. McCollum, Union Trustee

APR-01-2009 12:23

From: 3154926618 3154926618
FROM: ENGINEERS JOINT BENEFIT FUNDS

Page: 13/13

Date: 4/7/2009 12:04:22 PM

315 492 0010

1-201 P.010/010 P-330

Dated: 02-20-09

By: Lynne-Marie Perli
Lynne-Marie Perli, Union Trustee

Dated: 2-20-09

By: Todd C. O'Curran
Todd C. O'Curran, Employer Trustee

Dated: 2/20/09

By: Eugene D. Hallock, III
Eugene D. Hallock, III, Employer Trustee

Dated: 2-20-09

By: Robert Hill
Robert Hill, Employer Trustee

Dated: 2/20/09

By: James Logan
James Logan, Employer Trustee

k/c/madof/EJTFResolution

ENGINEERS JOINT TRAINING FUND
EIN NO. 16-0954711

UNION TRUSTEES

Thomas E. Charles
c/o IUOE Local 832
P.O. Box 93310
Rochester, New York 14692
Telephone: (585) 272-9890

Theron Hogle
c/o IUOE Local 545
127 East Glen Avenue
Syracuse, New York 13205
Telephone: (315) 492-1752

Paul D. McCollum
c/o IUOE Local 463
3365 Ridge Road
Ransomville, New York 14131
Telephone: (716) 434-3327

Lynne-Marie Perli
101 Intrepid Lane
P.O. Box 100 Colvin Station
Syracuse, New York 13205
Telephone: (315) 492-4725

EMPLOYER TRUSTEES

Todd C. Curran
c/o The Curran Company
The Union Building, Suite 204
12 South Main Street
P.O. Box 258
Homer, New York 13077
Telephone: (607) 749-2950

Eugene D. Hallock, III
c/o Hudson River Construction Co. Inc.
Port of Albany
Albany, New York 12202
Telephone: (518) 434-6677

Robert Hill
c/o Union Concrete & Construction Co.
105 Center Road
P.O. Box 410
West Seneca, New York 14224
Telephone: (716) 822-5755

James Logan
c/o Construction Industry
Employers Association
625 Ensminger Road
Tonawanda, New York 14150-6646
Telephone: (716) 875-4744



I.B.E.W. Local 43 and Electrical Contractors Trust Funds
P O Box 2218 · Syracuse, New York 13220-2218
(315) 474-5729 · (800) 474-5744
FAX (315) 474-1588



March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 PENSION FUND

Paul Kloc
Fund Administrator

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

B.E.W. Local 43 & Electrical Contractors
ension Fund
.O. Box 2218
yracuse, New York 13220-2218
eacon Associates,
ladoff Account #: 1-B0118
ax ID #: 16-6153389

Provide your office and home telephone no.

OFFICE: (315) 474 - 5729

HOME: (315) 430 - 3460

Taxpayer I.D. Number (Social Security No.)

16-6153389

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 18.91
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. if yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u></u>	<u>\$4,149,761.99</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>Amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.
PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/09 Signature William C. Towsky
Date 3/2/09 Signature DK

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

I.B.E.W. LOCAL UNION NO. 43 AND
ELECTRICAL CONTRACTORS PENSION FUND
(EIN # 16-6153389)

UNION TRUSTEES

Kevin J. Crawford
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Dennis J. McDermott
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Donald H. Morgan
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

William C. Towsley
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

EMPLOYER TRUSTEES

Carl Hibbard, Jr.
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Patricia Electric
407 Brown Ave.
Syracuse, New York 13208
Telephone: (315) 455-7410

John S. Kogut
IBEW Local union No. 43 and
Electrical Contractors Pension Fund
c/o Kogut Electric, Inc.
1025 Erie St.
P.O. Box 1735
Utica, New York 13503-1735
Telephone: (315) 733-4655

Marilyn M. Oppedisano
IBEW Local Union No. 43 and
Electrical Contractors Pension Fund
c/o Finger Lakes NY Chapter, NECA,
Inc.
135 Cove Road, Suite 208
Liverpool, New York 13090
Telephone: (315) 451-4278

EXHIBIT B

RESOLUTION

WHEREAS, the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Pension Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.


**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL NO. 43 AND
ELECTRICAL CONTRACTORS PENSION FUND**

Dated: 2-18-09


By:


Kevin J. Crawford, Union Trustee

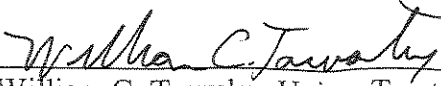
Dated: 2/10/09

By: 
Dennis J. McDermott, Union Trustee

Dated: 2/18/09

By: 
Donald H. Morgan, Union Trustee

Dated: 2/19/09

By: 
William C. Towsley, Union Trustee

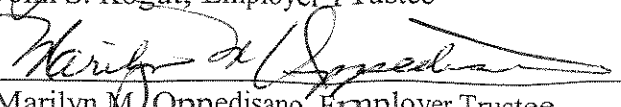
Dated: 2/20/09

By: 
Carl Hibbard, Jr., Employer Trustee

Dated: 2/23/09

By: 
John S. Kogut, Employer Trustee

Dated: 2/28/09

By: 
Marilyn M. Oppedisano, Employer Trustee

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
IBEW LOCAL NO. 43 PENSION FUND
[16-6153389]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Paul Kloc, Plan Manager
IBEW Local No. 43 Pension Fund
4568 Waterhouse Road
Clay, New York 13041
Telephone: (315) 474-5729



I.B.E.W. Local 43 and Electrical Contractors Trust Funds
P O Box 2218 · Syracuse, New York 13220-2218
(315) 474-5729 · (800) 474-5744
FAX (315) 474-1588



March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Avenue, Suite 800
Dallas Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local No. 43 Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL NO.43 WELFARE FUND

Paul Kloc
Fund Administrator

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 43 & Electrical Contractors
Welfare Fund
P.O. Box 2218
Syracuse, New York 13220-2218
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 15-6025163

Provide your office and home telephone no.

OFFICE: (315) 474-5729

HOME: (315) 436-3460

Taxpayer I.D. Number (Social Security No.)

15-6025163

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

a. The Broker owes me a Credit (Cr.) Balance of \$ 6.19
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."

If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
<u></u>	<u>\$1,359,404.79</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>Amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.
PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 3/2/09 Signature [Signature]
Date 3/2/09 Signature [Signature]

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
IBEW LOCAL NO. 43 WELFARE FUND
[15-6025163]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Paul Kloc, Plan Manager
IBEW Local No. 43 Welfare Fund
4568 Waterhouse Road
Clay, New York 13041
Telephone: (315) 474-5729

EXHIBIT B

RESOLUTION

WHEREAS, the International Brotherhood of Electrical Workers Local No. 43 and Electrical Contractors Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize the Plan Manager of the Fund and any Trustee of the Fund to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

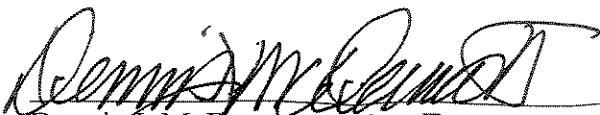
**INTERNATIONAL BROTHERHOOD OF
ELECTRICAL WORKERS LOCAL NO. 43 AND
ELECTRICAL CONTRACTORS WELFARE FUND**

Dated: 2-18-09

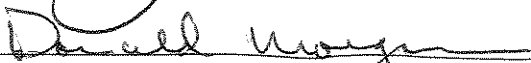
By:

Kevin J. Crawford
Kevin J. Crawford, Union Trustee


Dated: 2/18/09

By: 
Dennis J. McDermott, Union Trustee

Dated: 2/18/09

By: 
Donald H. Morgan, Union Trustee

Dated: 2/19/09

By: 
William C. Towsley, Union Trustee


Dated: 2/20/09

By: 
Carl Hibbard, Jr., Employer Trustee

Dated: 2/23/09

By: 
John S. Kogut, Employer Trustee

Dated: 2/28/09

By: 
Marilyn M. Oppedisano, Employer Trustee

I.B.E.W. LOCAL UNION NO. 43 AND
ELECTRICAL CONTRACTORS WELFARE FUND
(EIN #15-6025163)

UNION TRUSTEES

Kevin J. Crawford
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Dennis J. McDermott
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

Donald H. Morgan
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

William C. Towsley
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
P.O. Box 2218
Clay, New York 13041
Telephone: (315) 474-5729

EMPLOYER TRUSTEES

Carl Hibbard, Jr.
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
c/o Patricia Electric
407 Brown Ave.
Syracuse, New York 13208
Telephone: (315) 455-7410

John S. Kogut
IBEW Local union No. 43 and
Electrical Contractors Welfare Fund
c/o Kogut Electric, Inc.
1025 Erie St.
P.O. Box 1735
Utica, New York 13503-1735
Telephone: (315) 733-4655

Marilyn M. Oppedisano
IBEW Local Union No. 43 and
Electrical Contractors Welfare Fund
c/o Finger Lakes NY Chapter, NECA,
Inc.
135 Cove Road, Suite 208
Liverpool, New York 13090
Telephone: (315) 451-4278

**International
of Electrical**



**Brotherhood
Workers**

AFFILIATED WITH

New York State AFL-CIO
N.Y. State Building Trades Council
Finger Lakes Building Trades Council
Ithaca - Cortland Building Trades Council
N.Y. State Assoc. of Electrical Workers

LOCAL UNION No. 241

© 1073M

Phone: 607-272-2809
Fax: 607-277-5623
701 West State Street
Ithaca, New York 14850

March 2, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 241 Welfare Benefits Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW LOCAL 241 WELFARE BENEFITS FUND

Michael Talarski
Fund Administrator

MT
Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 241 Welfare Benefits Fund
701 W. State Street
Ithaca, NY 14850-3309
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 15-0347948

Provide your office and home telephone no.

OFFICE: (607) 272-2809

HOME: (607) 423-2809

Taxpayer I.D. Number (Social Security No.)
15-0347948

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of **December 11, 2008**:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 4.56
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. If yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u></u>	<u>\$1,001,666.69</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |


9. Have you or any member of your family
ever filed a claim under the Securities
Investor Protection Act of 1970? if
so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the
preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that
case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM.
CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR
IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY
INFORMATION AND BELIEF.

Date _____ Signature _____
Date 3-2-2009 Signature 

(If ownership of the account is shared, all must sign above. Give each owner's name,
address, phone number, and extent of ownership on a signed separate sheet. If other
than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity
and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly,
together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
IBEW LOCAL 241 WELFARE BENEFITS FUND
[15-0347948]**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

James R. LaVaute, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Michael Talarski, Fund Administrator
IBEW Local 241 Welfare Benefits Fund
701 West State Street
Ithaca, New York 14850
Telephone: (607) 272-2809

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**I.B.E.W. LOCAL 241 WELFARE BENEFITS
FUND**

Dated: 2-19-09

By:



Michael W. Talarski, Union Trustee

Dated: 2/23/09

By:



Stacey Black, Union Trustee

Dated: 2-25-09

By: 
Joseph Ruta, Union Trustee

Dated: _____

By: _____
Kimberly Bautista, Employer Trustee

Dated: _____

By: _____
George Denmark, Employer Trustee

Dated: _____

By: _____
Matthew Labosky, Employer Trustee

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 241 WELFARE BENEFITS FUND

Dated: _____

By: _____
Michael W. Talarski, Union Trustee

Dated: _____

By: _____
Stacey Black, Union Trustee

Dated: _____

By: _____
Joseph Ruta, Union Trustee

Dated: 2/23/09

By: Kimberly Bautista
Kimberly Bautista, Employer Trustee

Dated: _____

By: _____
George Denmark, Employer Trustee

Dated: _____

By: _____
Matthew Labosky, Employer Trustee

Klc/Madoff/I.B.E.W. Local 241PF/Resolution.Beacon

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 241 WELFARE BENEFITS FUND

Dated: _____

By: _____
Michael W. Talarski, Union Trustee

Dated: _____

By: _____
Stacey Black, Union Trustee

Dated: _____

By: _____
Joseph Ruta, Union Trustee

Dated: _____

By: _____
Kimberly Bautista, Employer Trustee

Dated: 2-20-2009

By: 
George Denmark, Employer Trustee

Dated: _____

By: _____
Matthew Labosky, Employer Trustee

RESOLUTION

WHEREAS, the I.B.E.W. Local 241 Welfare Benefits Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Michael W. Talarski, Administrative Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

**I.B.E.W. LOCAL 241 WELFARE BENEFITS
FUND**

Dated: _____

By: _____
Michael W. Talarski, Union Trustee

Dated: _____

By: _____
Stacey Black, Union Trustee

Dated: _____

By: _____
Casey Weatherby, Union Trustee

Dated: _____

By: _____
Kimberly Bautista, Employer Trustee

Dated: _____

By: _____
George Denmark, Employer Trustee

Dated: _____

By: _____

Matthew Labosky, Employer Trustee

Klc/Madoff/L.B.E.W. Local 241PF/Resolution IncomePlus

IBEW LOCAL 241 WELFARE FUND
EIN NO. 15-0347948

UNION TRUSTEES

Joseph Ruta
701 West State Street
Ithaca, New York 14850
Telephone:

Stacey Black
701 West State Street
Ithaca, New York 14850
Telephone: (607) 272-2809

Michael Talarski, Chairman
701 West State Street
Ithaca, New York 14850
Telephone: (607) 272-2809

EMPLOYER TRUSTEES

Kimberly Bautista
Southern Tier Chapter NECA
P.O. Box 1326
Binghamton, New York 13902
Telephone:

Matthew Labosky
c/o Blanding Electric
429 Commerce Road
Vestal, New York 13850
Telephone:

George Denmark
3744 Dean Road
Odessa, New York 14869
Telephone:



**I.B.E.W. LOCAL #910
BENEFIT FUNDS**

February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the IBEW Local 910 Welfare Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

IBEW 910 Local Welfare Fund

John F. Love
Fund Manager

Enclosures

JMC/Madoff/SIPC/IndirectMadoffinvest/IBEW910Annuity/Picardltr



CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

I.B.E.W. Local 910 Welfare Fund
25001 Water Street
Watertown, NY 13601
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-6053626

Provide your office and home telephone no.

OFFICE: (800) 801-2201

HOME: (315) 782-5941

Taxpayer I.D. Number (Social Security No.)
16-6053626

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 4.40
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | <u></u> |
| b. I owe the Broker securities | <u></u> | <u>X</u> |
| c. If yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
<u></u>	<u>\$965,892.88</u>	<u>X</u>	<u></u>
<u></u>	<u>Please refer to Beacon Associates</u>	<u></u>	<u></u>
<u></u>	<u>SIPC Claim; the above estimated</u>	<u></u>	<u></u>
<u></u>	<u>amount is the claimant's share</u>	<u></u>	<u></u>
<u></u>	<u>of the Madoff loss only.</u>	<u></u>	<u></u>

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 02-27-2009 Signature John F. Love
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
IBEW LOCAL 910 WELFARE FUND
EIN # 16-6053626**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

John Love, Fund Manager
IBEW Local 910 Welfare Fund
25001 Water Street
Watertown, New York 13601
Telephone: (315) 782-5941

RESOLUTION

WHEREAS, the I.B.E.W. Local 910 Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize John Love, Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

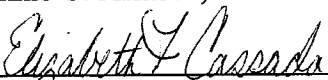
For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

I.B.E.W. LOCAL 910 WELFARE FUND

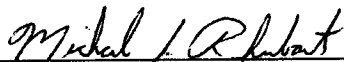
Dated: 2-19-09

By: 
Dennis C. Affinati, Union Trustee

Dated: 2-26-09

By: 
Elizabeth F. Cassada, Union Trustee

Dated: 2-26-09

By: 
Michael Rhubart, Union Trustee

Dated: 02-25-09

By: James A. Williams
James A. Williams, Employer Trustee

Dated: 02-25-09

By: Leo J. Villeneuve
Leo J. Villeneuve, Employer Trustee

Dated: 02-26-09

By: Gary L. Hammond
Gary L. Hammond, Employer Trustee

KLC/Madoff/IBEW910WF/Misc/WFResolutionBeacon

IBEW LOCAL 910 WELFARE FUND
EIN NO. 16-6053626

UNION TRUSTEES

Dennis C. Affinati
c/o IBEW Local 910 AFL-CIO
25001 Water Street
Watertown, New York 13601
Telephone: (315) 782-5941

Elizabeth F. Cassada
15662 US Route 11
Watertown, New York 13601
Telephone: (315) 583-5618

Michael Rhubart
6522 Snell Road
Lowville, New York 13367
Telephone: (315) 376-2960

EMPLOYER TRUSTEES

James A. Williams, Chairman
c/o S&L Electric Inc.
5313 State Highway 56
Colton, New York 13625
Telephone: (315) 265-7677

Leo J. Villeneuve, Secretary
c/o S&L Electric Inc.
5313 State Highway 56
Colton, New York 13625
Telephone: (315) 262-2372

Gary L. Hammond
c/o Collins-Hammond Electrical
Contractors, Inc.
Route 68 Riverside Drive
P.O. Box 383
Ogdensburg, New York 13669
Telephone: (315) 334-7022

LABORERS' LOCAL 103 FUNDS

PENSION ♦ WELFARE ♦ ANNUITY ♦ TRAINING

P.O. BOX 571
GENEVA, NY 14456

PH: 315-539-4220
FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Annuity Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Annuity Fund



Carmen A. Serrett, Sr.
Fund Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, NY 14456-0571
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 01-6214544

OFFICE: (315) 539-4230

HOME: (315) 781-0633

Taxpayer I.D. Number (Social Security No.)
01-6214544

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:

- a. The Broker owes me a Credit (Cr.) Balance of \$ 1.63
b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
	<u>\$ 357,738.10</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____


9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker.

_____ X _____
Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-25-09 Signature 
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LABORERS LOCAL 103 ANNUITY FUND**
EIN #01-6214544

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Jr., Fund Manager
Laborers' Local 103 Annuity Fund
1126 Waterloo-Geneva Road
Waterloo, New York 13165
Telephone: (315) 539-4220

EXHIBIT B

RESOLUTION

WHEREAS, the Laborers Local 103 Annuity Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LABORERS LOCAL 103 ANNUITY FUND

Dated: 2/26/09

By: _____

Carmen A. Serrett, Sr., Union Trustee

Dated: 2/26/09

By: _____

Earl N. Hall, Employer Trustee

LABORERS LOCAL 103 ANNUITY FUND
(EIN #01-6214544)

UNION TRUSTEES

Carmen A. Serrett, Sr.
Laborers Local 103 Annuity Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall
Laborers Local 103 Annuity Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-5044

LABORERS' LOCAL 103 FUNDS

PENSION ♦ WELFARE ♦ ANNUITY ♦ TRAINING

P.O. BOX 571
GENEVA, NY 14456

PH: 315-539-4220
FAX: 315-539-4150

February 25, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Laborers Local 103 Welfare Fund ("Fund").

Please advised if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Laborers' Local 103 Welfare Fund



Carmen A. Serrett, Sr.
Fund Manager

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

Provide your office and home telephone no.

Laborers Local 103 Welfare Fund
P.O. Box 571
Geneva, NY 14456-0571
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-0778602

OFFICE: (315) 539-4220

HOME: (315) 781-0633

Taxpayer I.D. Number (Social Security No.)
16-0778602

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 6.52
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form. \$ -0-

- d. If balance is zero, insert "None." None

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. if yes to either, please list below: | | |

		<u>Number of Shares or Face Amount of Bonds</u>	
<u>Date of Transaction (trade date)</u>	<u>Name of Security</u>	<u>The Broker Owes Me (Long)</u>	<u>I Owe the Broker (Short)</u>
	<u>\$1,430,952.41</u>	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

	<u>YES</u>	<u>NO</u>
3. Has there been any change in your account since December 11, 2008? If so, please explain.	_____	_____X_____
4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker?	_____	_____X_____
5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker?	_____	_____X_____
6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s)	_____	_____X_____
7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming.	_____	_____X_____
8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers.	_____	_____X_____

9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? If so, give name of that broker.

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 2-25-09 Signature 

Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
LABORERS LOCAL 103 WELFARE FUND**
EIN #16-0778602

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Carmen A. Serrett, Fund Manager
Laborers' Local 103 Welfare Fund
1126 Waterloo-Geneva Road
Waterloo, New York 13165
Telephone: (315) 539-4220

EXHIBIT B

RESOLUTION

WHEREAS, the Laborers Local 103 Welfare Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Carmen A. Serrett, Sr., Fund Manager of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

LABORERS LOCAL 103 WELFARE FUND

Dated: 2/26/09

By:


Carmen A. Serrett, Sr., Union Trustee

Dated: 2/26/09

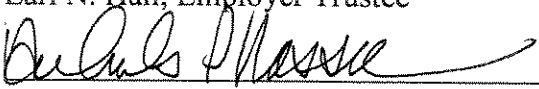
By:


John F. Russo, Union Trustee

Dated: 2/26/09

By: 
Earl N. Hall, Employer Trustee

Dated: 2/26/09

By: 
Nicholas P. Massa, Employer Trustee

klc/Madoff/Lab103WR/SIPC Resolution-Indirect

LABORERS LOCAL 103 WELFARE FUND
(EIN # 16-0778602)

UNION TRUSTEES

Carmen A. Serrett, Sr.
Laborers Local 103 Welfare Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

John F. Russo
Laborers Local 103 Welfare Fund
P.O. Box 571
Geneva, New York 14456
Telephone: (315) 539-4220

EMPLOYER TRUSTEES

Earl N. Hall
Laborers Local 103 Welfare Fund
c/o CEA of CNY, Inc.
6563 Ridings Road
Syracuse, New York 13206
Telephone: (315) 437-5044

Nicholas P. Massa
Laborers Local 103 Welfare Fund
630 Preemption Road
Geneva, New York 14456
Telephone: (315) 439-4220

NEW YORK STATE

LINEMAN'S SAFETY TRAINING FUND

P.O. BOX 58 6518 FREMONT ROAD
EAST SYRACUSE, NEW YORK 13057

PHONE (315) 656-8386



February 26, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees of the NYS Lineman's Safety Training Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

A handwritten signature in dark ink, appearing to read "Richard J. French", written over a large, stylized circular flourish.

Richard J. French
Safety Director

Enclosures

CUSTOMER CLAIM

Claim Number _____

Date Received _____

BERNARD L. MADOFF INVESTMENT SECURITIES LLC

In Liquidation

DECEMBER 11, 2008

JYS Lineman's Safety Training Fund
P.O. Box 58
6518 Fremont Road
East Syracuse, NY 13057
Beacon Associates,
Madoff Account #: 1-B0118
Tax ID #: 16-0778849

Provide your office and home telephone no.

OFFICE: (315) 656-8032

HOME: (315) 246-4234

Taxpayer I.D. Number (Social Security No.)
16-077849

(If incorrect, please change)

NOTE: BEFORE COMPLETING THIS CLAIM FORM, BE SURE TO READ CAREFULLY THE ACCOMPANYING INSTRUCTION SHEET. A SEPARATE CLAIM FORM SHOULD BE FILED FOR EACH ACCOUNT AND, TO RECEIVE THE FULL PROTECTION AFFORDED UNDER SIPA, ALL CUSTOMER CLAIMS MUST BE RECEIVED BY THE TRUSTEE ON OR BEFORE March 4, 2009. CLAIMS RECEIVED AFTER THAT DATE, BUT ON OR BEFORE July 2, 2009, WILL BE SUBJECT TO DELAYED PROCESSING AND TO BEING SATISFIED ON TERMS LESS FAVORABLE TO THE CLAIMANT. PLEASE SEND YOUR CLAIM FORM BY CERTIFIED MAIL - RETURN RECEIPT REQUESTED.

1. Claim for money balances as of December 11, 2008:
- a. The Broker owes me a Credit (Cr.) Balance of \$ 8.15
- b. I owe the Broker a Debit (Dr.) Balance of \$ -0-

- c. If you wish to repay the Debit Balance,
please insert the amount you wish to repay and
attach a check payable to "Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC."
If you wish to make a payment, it must be enclosed
with this claim form.

\$ -0-
None

- d. If balance is zero, insert "None."

2. Claim for securities as of December 11, 2008:

PLEASE DO NOT CLAIM ANY SECURITIES YOU HAVE IN YOUR POSSESSION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-----------|
| a. The Broker owes me securities | <u>X</u> | |
| b. I owe the Broker securities | | <u>X</u> |
| c. If yes to either, please list below: | | |

Date of Transaction (trade date)	Name of Security	Number of Shares or Face Amount of Bonds	
		The Broker Owes Me (Long)	I Owe the Broker (Short)
	\$1,788,690.52	<u>X</u>	
	<u>Please refer to Beacon Associates</u>		
	<u>SIPC Claim; the above estimated</u>		
	<u>amount is the claimant's share</u>		
	<u>of the Madoff loss only.</u>		

Proper documentation can speed the review, allowance and satisfaction of your claim and shorten the time required to deliver your securities and cash to you. Please enclose, if possible, copies of your last account statement and purchase or sale confirmations and checks which relate to the securities or cash you claim, and any other documentation, such as correspondence, which you believe will be of assistance in processing your claim. In particular, you should provide all documentation (such as cancelled checks, receipts from the Debtor, proof of wire transfers, etc.) of your deposits of cash or securities with the Debtor from as far back as you have documentation. You should also provide all documentation or

information regarding any withdrawals you have ever made or payments received from the Debtor.

Please explain any differences between the securities or cash claimed and the cash balance and securities positions on your last account statement. If, at any time, you complained in writing about the handling of your account to any person or entity or regulatory authority, and the complaint relates to the cash and/or securities that you are now seeking, please be sure to provide with your claim copies of the complaint and all related correspondence, as well as copies of any replies that you received.

PLEASE CHECK THE APPROPRIATE ANSWER FOR ITEMS 3 THROUGH 9.

NOTE: IF "YES" IS MARKED ON ANY ITEM, PROVIDE A DETAILED EXPLANATION ON A SIGNED ATTACHMENT. IF SUFFICIENT DETAILS ARE NOT PROVIDED, THIS CLAIM FORM WILL BE RETURNED FOR YOUR COMPLETION.

- | | <u>YES</u> | <u>NO</u> |
|---|------------|-------------|
| 3. Has there been any change in your account since December 11, 2008? If so, please explain. | _____ | _____X_____ |
| 4. Are you or were you a director, officer, partner, shareholder, lender to or capital contributor of the broker? | _____ | _____X_____ |
| 5. Are or were you a person who, directly or indirectly and through agreement or otherwise, exercised or had the power to exercise a controlling influence over the management or policies of the broker? | _____ | _____X_____ |
| 6. Are you related to, or do you have any business venture with, any of the persons specified in "4" above, or any employee or other person associated in any way with the broker? If so, give name(s) | _____ | _____X_____ |
| 7. Is this claim being filed by or on behalf of a broker or dealer or a bank? If so, provide documentation with respect to each public customer on whose behalf you are claiming. | _____ | _____X_____ |
| 8. Have you ever given any discretionary authority to any person to execute securities transactions with or through the broker on your behalf? Give names, addresses and phone numbers. | _____ | _____X_____ |

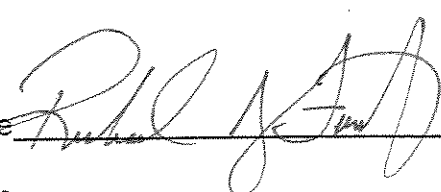
9. Have you or any member of your family ever filed a claim under the Securities Investor Protection Act of 1970? if so, give name of that broker. _____ X

Please list the full name and address of anyone assisting you in the preparation of this claim form: See Exhibit A

If you cannot compute the amount of your claim, you may file an estimated claim. In that case, please indicate your claim is an estimated claim.

IT IS A VIOLATION OF FEDERAL LAW TO FILE A FRAUDULENT CLAIM. CONVICTION CAN RESULT IN A FINE OF NOT MORE THAN \$50,000 OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS OR BOTH.

THE FOREGOING CLAIM IS TRUE AND ACCURATE TO THE BEST OF MY INFORMATION AND BELIEF.

Date 26 FEBRUARY 2009 Signature 
Date _____ Signature _____

(If ownership of the account is shared, all must sign above. Give each owner's name, address, phone number, and extent of ownership on a signed separate sheet. If other than a personal account, e.g., corporate, trustee, custodian, etc., also state your capacity and authority. Please supply the trust agreement or other proof of authority.)

See Exhibit B

This customer claim form must be completed and mailed promptly, together with supporting documentation, etc. to:

Irving H. Picard, Esq.,
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, TX 75201

EXHIBIT A

**LIST OF INDIVIDUALS PROVIDING
ASSISTANCE WITH CLAIM FORM FOR
NYS LINEMAN'S SAFETY TRAINING FUND
EIN #16-0778849**

Dr. John P. Jeanneret, President
J.P. Jeanneret Associates, Inc.
White Memorial Building
100 East Washington Street
Syracuse, New York 13202
Telephone: (315) 478-2770

Charles E. Blitman, Esq.
Jonathan M. Cerrito, Esq.
Blitman & King LLP
Franklin Center, Suite 300
443 North Franklin Street
Syracuse, New York 13204-5412
Telephone: (315) 422-7111

Richard French, Safety Director
NYS Lineman's Safety Training Fund
6518 Fremont Road
East Syracuse, New York 13057
Telephone: (315) 656-8022

EXHIBIT B

RESOLUTION

WHEREAS, the New York State Lineman's Safety Training Fund ("Fund") is an independent functioning Taft-Hartley ERISA Employee Benefit Plan; and

WHEREAS, the Fund invested Plan assets with Bernard L. Madoff Investment Securities LLC through Beacon Associates LLC, Andover Associates LLC and/or the Income-Plus Investment Fund; and

WHEREAS, the Fund is desirous of filing a Securities Investor Protection Corporation ("SIPC") Customer Claim Form to be mailed to Irving H. Picard, Esq., Trustee for Bernard L. Madoff Investment Securities LLC, along with supporting documents, in a timely fashion prior to March 4, 2009.

THEREFORE, it is resolved that the Trustees of the Fund hereby authorize Richard French, Safety Director of the Fund, to sign the Customer Claim Form and any and all other documents pertaining to the SIPC claim, to file such Customer Claim Form, and to take any and all other necessary actions to effectuate, complete, amend and file a correct Customer Claim Form on behalf of the Fund.

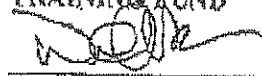
For administrative ease and quickness, each Trustee will execute this Resolution independently of each other in a number of counterparts. Together the counterparts shall constitute a full and original Resolution for all purposes.

Dated: 2/23/09

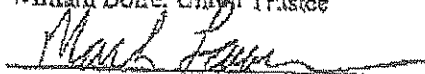
Dated: 2/23/09

**NEW YORK STATE LINEMAN'S SAFETY
TRAINING FUND**

By:


William Boire, Union Trustee

By:


Mark Lawrence, Union Trustee

Dated: 2/23/09

By: 
Walter Parkes, Employer Trustee

Dated: 2/23/09

By: 
George Troutman, Employer Trustee

McMadden/NYS Linemen/SIPC Resolution - Indirect

NEW YORK STATE LINEMAN'S SAFETY TRAINING FUND
(EIN #16-077849)

UNION TRUSTEES

William Boire
NYS Lineman's Safety Training Fund
P.O. Box 277
East Syracuse, NY 13057
Telephone: (315) 656-7253

Mark Lawrence
NYS Lineman's Safety Training Fund
P.O. Box 277
East Syracuse, NY 13057
Telephone: (315) 656-7253

EMPLOYER TRUSTEES

Walter Parkes
NYS Lineman's Safety Training Fund
c/o O'Connell Electric Company
830 Phillips Road
Rochester, New York 14564
Telephone: (585) 924-2176

George Troutman
NYS Lineman's Safety Training Fund
c/o M.J. Electric
P.O. Box 310
Shoemakersville, PA 19555
Telephone: (610) 562-9558

COPY

Part 2 Customer Claims Pg 180 of 190
OSWEGO LABORERS' LOCAL 214

Pension Fund

23 MITCHELL ST., OSWEGO, N.Y. 13126 • (315) 343-1666



February 27, 2009

Irving H. Picard, Esq.
Trustee for Bernard L. Madoff Investment Securities LLC
Claims Processing Center
2100 McKinney Ave., Suite 800
Dallas, Texas 75201

Dear Trustee Picard:

Enclosed please find a complete original SIPC claim filing, and supporting documents, on behalf of the Board of Trustees for the Oswego Laborers' Local 214 Pension Fund ("Fund").

Please advise if any additional documents are needed. The Fund looks forward to receiving payment of the claim as soon as practical.

Sincerely,

Oswego Laborers' Local 214 Pension Fund

Cynthia Castaldo
Administrator

Enclosures